



New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Professional Counselor Examiners Committee
124 Halsey Street, 6th Floor, P.O. Box 45044
Newark, New Jersey 07101
(973) 504-6582

Documentation of Supervised Counseling Experience
(This form should be completed by the supervisor and forwarded directly to the Committee.)

for: ☐ Licensed Professional Counselor Candidate
☐ Licensed Rehabilitation Counselor Candidate

Please print clearly.

Information about the applicant

Last name	First name	Middle initial	Maiden name (if applicable)
Street address	City	State	ZIP code
Telephone number (include area code)		E-mail address	

Information about the supervisor

Last name	First name	Middle initial	Maiden name (if applicable)
Street address	City	State	ZIP code
Telephone number (include area code)		E-mail address	

Please note: The supervisor must hold a license in a mental health-related discipline.

1. Do you hold a professional license in the State of New Jersey? ☐ Yes ☐ No
If "Yes," check the appropriate box.
- | | | |
|---|--|---|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Clinical Social Worker |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Rehabilitation Counselor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Professional Counselor | <input type="checkbox"/> Psychologist | |
- Year licensed: _____ License number: _____
2. Do you hold a professional license in any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
If "Yes," check the appropriate box.
- | | | |
|---|--|---|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Clinical Social Worker |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Rehabilitation Counselor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Professional Counselor | <input type="checkbox"/> Psychologist | |
- Year licensed: _____ License number: _____ State of licensure: _____
3. Graduate school attended: _____
Major: _____ Highest degree earned: _____
4. Is there any circumstance that precludes your objective assessment of the applicant? ☐ Yes ☐ No
If "Yes," please explain on a separate sheet of paper.

(over)

The information requested below concerns the setting in which the applicant received his or her supervised experience.

Name of setting				
Street address	City	State	ZIP code	Telephone number (include area code)

1. Applicant's title (if any) during the time I supervised him or her: _____
2. Inclusive dates of the supervision: _____
Date supervision started _____ Date supervision ended _____
3. Total number of supervised counseling or rehabilitation counseling hours completed by the applicant under my supervision: _____
4. Average number of hours per week I spent with the applicant in face-to-face supervision: _____
5. Average number of hours per week I spent with the applicant in group supervision: _____
6. The following is a checklist of activities performed during the course of supervision.
 - ☐ I worked as a co-counselor with the applicant.
 - ☐ I observed the applicant's sessions with clients.
 - ☐ I viewed videotapes of the applicant's sessions with clients.
 - ☐ I listened to audiotapes of the applicant's sessions with clients.
 - ☐ I reacted to case presentations given by the applicant.
 - ☐ I conducted role-playing sessions with the applicant.
 - ☐ I engaged in problem-solving discussions with the applicant regarding individual clients.
 - ☐ I entered into problem-solving discussions concerning the applicant's own problems, insofar as such problems were affecting the applicant's work with clients.
 - ☐ I offered feedback to the applicant regarding specific interventions utilized with a client.
 - ☐ I offered feedback concerning the applicant's personal qualities as they affect work with clients.
 - ☐ I offered feedback to the applicant regarding the supervision experience.
 - ☐ Other (please be specific) _____

Supervisor's conclusions and recommendations

7. This applicant is seeking to become a licensed professional counselor or a licensed rehabilitation counselor in New Jersey. By this application, the applicant is claiming readiness for unsupervised, independent professional practice and readiness as a clinical supervisor. In assessing the applicant's professional readiness, you are now being asked if the applicant possesses the following abilities and knowledge.

The ability to establish a counseling relationship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
The ability to assess a client's needs and to plan appropriate interventions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
The ability to make interventions appropriate to client needs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
The ability to be flexible in choosing and changing interventions as appropriate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
The ability to assess prudently one's own capacities and skills in a professional situation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
The ability to work effectively in a one-to-one relationship.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
The ability to work effectively where systems-level interventions are required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
The applicant demonstrates ethical behavior.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not observed
8. On a separate sheet of paper, please assess the applicant's current state of preparedness for licensure. Also, please make a recommendation regarding the applicant's further professional development. Your recommendations are an important element in the Committee's overall evaluation of the applicant's qualifications for licensure.
9. ☐ I recommend the applicant for licensure at this time.
☐ I do ***not*** recommend the applicant for licensure at this time.

Signature of supervisor

Date

Comments: _____

